Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)
Approved for use through 11/30/2011. OMB 0651-0035

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/562410
Filing Date	12/23/2005
First Named Inventor	Harley et al.
Art Unit	1611
Examiner Name	Nathan, Shyam
Attomey Docket Number	38797-8007.US00 (511/002)

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
Please withdraw me as attorney or agent for the above identified patent application, and		
all the practitioners of record;		
the practitioners (with registration numbers) of record listed on the attached paper(s); or		
the practitioners of record associated with Customer Number:		
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.		
The reason(s) for this request are those described in 37 CFR:		
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)		
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)		
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)		
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:		
Certifications		
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.		
1.    I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.		
2.		
3.		
Please provide an explanation, if necessary:		

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1:11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to: 53456 The address of the inventor or assignee associated with Customer Number: \_\_\_\_ OR Inventor or Assignee name Address Zip City State Country Telephone Email I am authorized to sign on behalf of myself and all withdrawing practitioners. Signature /Peter J. Dehlinger/ Registration No. 28,006 Name Peter J. Dehlinger Address King and Spalding LLP, P. O. Box 889 State CA Zip 94002 Country US City Belmont Telephone No. 650 590-0736 Date June 24, 2009 NOTE: Withdrawal is effective when approved rather than when received.

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